

## Mid-Year Follow-up Information for Child Certification

Date: \_\_\_\_\_ C number of staff person completing questionnaire: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant ID Number: \_\_\_\_\_

1. How would you rate your stress level on a scale of 1-10 (1 is low, 10 is high)? (901) What is your greatest concern about your child's nutrition and/or development?
3. What physical activities does your child like and how often does your child do them? What kind of physical activities do you and your child do together? (Growth grid reviewed and growth discussed.)
4. Tell me what has changed about your child's health. (134, 142, 151, 211, 341-349, 351-355, 357, 359-360, 362, 363, 381, 382, 425) What changes to your child's medications or supplements, if any, have been made? (357, 427)
5. Since your last WIC appointment, what changes do you see in how your child eats or self feeds? What changes do you see in the amount and types of things your child will eat or drink?
6. What could you do to improve your child's eating habits?
7. What questions do you have for me?

### Anthropometric and Hematological Information

Date of Measurements if different from above: \_\_\_\_\_

Length: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ HGB (if required): \_\_\_\_\_

If measurements are from another source, scan in the written information with the healthcare provider's signature and date.